

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/625,244

FILED DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS	
NO	DEP	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.  
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TOTAL CLAIMS

8  
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16  
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84

9  
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TOTAL NO.  
TOTAL DEP.  
TOTAL CLAIMS